

Dated: 13.05.2011
Berlin, Germany

Dear Sirs,

I have received the Notice of hearing to consider approval of debtors' disclosure statement.

As I have understood I can write my response on this case as I have had equity investment with Lehman Brothers Holding Inc.

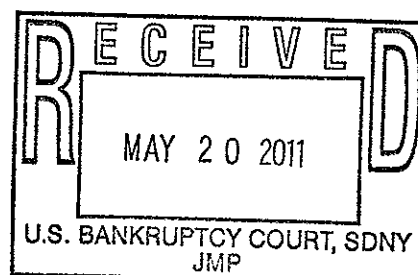
1. My name is Frank Rösler. I am a resident of Germany. My permanent address is Ridbacherstr. 94, Berlin 12621, Germany.
2. On May 30, 2007 I have become a stockholder of the Lehman Brothers Holding Inc. In one of the attached letters I apply the copy of the Citibank bank receipt which states that on May 30, 2007 I have purchased 10 stocks of Lehman Brothers Holding Inc. with the value 1.020,00 euro each.
3. For two years I have received no news concerning my stocks and from Internet I have found out that on September 15, 2008, Lehman Brothers Holdings Inc. ("LBHI") filed a petition in the United States Bankruptcy Court for the Southern District of New York. On October 20, 2009 I have filled in the proof of claim (the copy of which I apply also) and sent on the following address:

Lehman Brothers Holding Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076
USA

4. On December 8, 2009 I have received the acknowledgement of receipt of proof of claims (see the attached letters) from Epic Systems and found out that my proof of claims was filed.
5. The amount of claims is **6.841,93 USD** according to the stock rate on September 15, 2008.

Faithfully yours,

Frank Rösler





Citibank Privatkunden AG & Co. KGaA
Postfach 10 11 52
47011 Duisburg
www.citibank.de

Abs: PF 10 02 30, 47051 Duisburg
142/1601/0000822/30//60327-05.07/0,55EUR

Herrn
Frank Roesler
Ridbacher Str. 94
12621 Berlin

ROESLER, FRANK

30.05.2007

Depot -Nr.

080458407000

Effektenabrechnung Kauf aus Emission

OUTP.A.RED.N 01.06.12 BASK.(LEHM.BRO.T REAS.)		WKN	A0N6GH
Verwahrart	Girosammelverwahrung	ISIN	DE000A0N6GH8
		Gesch.-Nr.	28379965
		Ref.-Nr.	8712346700
Nominal / Stück	ST	Börse	ZEICHNUNGEN
Kurs	EUR	Schlussstag	30.05.2007
	10		
	1.020,00		

Kurswert 10.200,00- EUR

Gesamtbetrag 10.200,00- EUR

Verbuchung erfolgt in EUR zu Lasten Konto-Nr. Valuta
0804584070 01.06.2007 10.200,00- EUR

Kommissionsgeschäft

Rechnungsnummer: EE2-505-BAP0-00028379965

Dieser Beleg wurde maschinell erstellt und wird nicht unterschrieben. Irrtum vorbehalten.

Persönlich haftender und geschäftsführender Gesellschafter: Citicorp Management AG
Vorstand: Susan S. Harnett, Vorsitzende; Ahmad Siddik Badruddin; Peter E. Blatter; Ulrich Jordan; Peter Klein; Franz Josef Nick
Vorsitzender des Aufsichtsrates: Prof. Dr. K. Peter Möller

Citibank Postfach 10 02 30 47051 Duisburg
907/T986/0001617/31/SIW/40764-05.07/0,55EUR

Herrn Frank Roesler
Ridbacher Str. 94
12621 Berlin

Citibank Privatkunden AG & Co. KGaA
Stendaler Str.23
12627 Berlin

Telefon: 030-99 29 25 0

Mo-Fr	9.00-13.00	Uhr
MoDiDo	14.00-18.00	Uhr
MiFr	14.00-16.00	Uhr

www.citibank.de

Ihre Kundennummer:	
0804584070	
Depot-Nr.:	0804584070/0
Order-Nr.:	8712346700
Vom	30.05.2007

30. Mai 2007

Mitteilung zur Zeichnung über
STK 10 LEHMAN BR.TR.O.AR.N12BSKT - A0N6GH - (DE000A0N6GH8)

Sehr geehrter Herr Roesler,

mit diesem Schreiben teilen wir Ihnen mit, dass die uns vorliegenden Zeichnungsaufträge voll bedient werden konnten.

Die Ausführungsanzeige schicken wir Ihnen in den nächsten Tagen zu.

Mit freundlichen Grüßen

Citibank Privatkunden AG & Co. KGaA

Dieser Brief wurde automatisiert erstellt und ist ohne Unterschrift gültig.
Irrtum vorbehalten



PROOF OF CLAIM

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re: Chapter 11
Lehman Brothers Holdings Inc., et al. Case No. 08-13555 (JMP)
Debtors. (Jointly Administered)
Name of Debtor Against Which Claim is Held Case No. of Debtor

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 563. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Frank Rösler
Ridbacherstr. 84
12621 Berlin / Germany

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number:

(If known)

Filed on:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

00480305627310 toesler@poesler-berlin.de
Telephone number: Email Address:

Name and address where payment should be sent (if different from above)

see above

Telephone number: Email Address:

1. Amount of Claim as of Date Case Filed: \$ 6841.93

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.*

☐ Check this box if all or part of your claim is based on a Guarantee.*

*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim: DE 000 AON 66 HR
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 7359200810122000011
3a. Debtor may have scheduled account as: 7
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: 7359

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 20.10.08
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
Frank Rösler

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

Amount entitled to priority:

\$

FOR COURT USE ONLY

EPIQ SYSTEMS
757 THIRD AVENUE
THIRD FLOOR
NEW YORK, NY 10017

P 646 282 2500 F 646 282 2501
757 THIRD AVENUE, NEW YORK, NY 10017
WWW.EPIQSYSTEMS.COM



MAILID *** 0004903397 ***

**** LBH CLMLTR (MERGE2,TXNUM2) 4000103182 ****

ROSLER, FRANK
RIDBACHERSTR. 94
BERLIN, 12621 GERMANY

EINGEGANGEN
/ 8. Dez. 2009

Erl.....

December 02, 2009

ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the LEHMAN BROTHERS HOLDINGS INC. case. It is also publically available at the following website address: <http://chapter11.epiqsystems.com/LBH>. To ensure that your claim has been recorded correctly, please review the following information:

Debtor: LEHMAN BROTHERS HOLDINGS, INC.
Case Number: 08-13555
Creditor: ROSLER, FRANK
Date Received: 10/30/2009
Claim Number: 57117

Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.

We strongly encourage you to review your submitted proof of claim on our website at the address listed above. To find your imaged claim, click on the "Filed Claims & Schedules" link at the top of the page, type in your claim number in the "Claim #" field, and click "Search."

WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") SUBMITTED BY YOU. PII can include information used to distinguish or trace an individual's identity, such as their social security number, biometric records, drivers license number, account number, credit or debit card number (including any passwords, acces codes or PIN numbers), etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

The Proof of Claim Form allows for redacted documents. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://www.epiq11.com/contact.aspx> so we may assist you in redacting this information. Please be sure to specify the client/debtor about which you are inquiring.

You may also contact by either of the methods listed above should you have any other questions.

EPIQ BANKRUPTCY SOLUTIONS, LLC